

SAMPLE – GROUP LIFE INSURANCE LWOP INSTRUCTIONS  
(state-sponsored life insurance policy)

(Date of Notice)

(Employee)  
(Address)  
(City, State, Zip Code)

Re: Group Life Insurance

Dear (Name of Employee):

You are receiving this letter to inform you of the procedures to follow while on an approved leave without pay under the state sponsored life insurance plan covered by the Commonwealth of Kentucky and Prudential Insurance.

While on leave without pay you may continue to keep your state sponsored life insurance benefits in active status by making premium payments to the Group Life Insurance Branch. This payment should also include the premium for the basic life insurance policy (this is the free coverage that your employer provides). Please remember it is the employee's responsibility to make sure the premium payments are made in a timely manner. No billing or notice will be sent to you by your employer or the Group Life Insurance Branch to advise you when a payment is due.

An employee may be allowed a period of twelve (12) months to be on a leave without pay providing it's approved by your employer. At the beginning of the leave, the first premium payment should be sent to your employer. The employer will forward your premium payment to our office with a cover letter documenting your approved leave. After that initial payment, you may forward the remaining payments to the Group Life Insurance Branch. The premium payments can be a money order or personal check and should be payable to the *Kentucky State Treasurer*. The due date for the leave payment will be the first of the month for that premium month. For example, the premium for January should reach the Group Life Insurance office no later than January 1.

For questions regarding your leave and the procedures to follow you may contact your employer or the Group Life Insurance Branch at the following location:

Personnel Cabinet  
Group Life Insurance Administration  
501 High Street, State Office Building, 3<sup>rd</sup> Floor  
Frankfort, Kentucky 40601  
(502) 564-4774 or (800) 267-8352

If an employee's account is delinquent by three (3) months, the coverage may automatically be termed without a notice being sent to the employee and/or employer.

Please feel free to contact our office or the Group Life Insurance Branch for any additional information or assistance that you may need.

Sincerely,

(Your Name)

(Title)